

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
FRATERNALS  
FEES RETURN**

Filed With the Annual Statement for the  
Year Ending \_\_\_\_\_

NAIC#: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

FEIN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Amount of Fee paid to renew Certificate of Authority PI

\$ \_\_\_\_\_

Amount of Fee paid to file Annual Statement

PJ

\$ \_\_\_\_\_